

Vonda M. Wallace  
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

875

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2		1					52							
3		2					53							
4		2					54							
5		2					55							
6		(1)					56							
7		(1)					57							
8	1						58							
9		1					59							
10		2					60							
11							61							
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47							97							
48							98							
49							99							
50							100							
TOTAL	2						TOTAL							
IND.							IND.							
DEP.	12						DEP.							
TOTAL	12						TOTAL							
CLAIMS							CLAIMS							